

<i>SERFF Tracking Number:</i>	<i>SUNL-125804230</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sun Life Assurance Company of Canada (U.S.)</i>	<i>State Tracking Number:</i>	<i>40193</i>
<i>Company Tracking Number:</i>	<i>MVUL-SIR-2008</i>		
<i>TOI:</i>	<i>L06I Individual Life - Variable</i>	<i>Sub-TOI:</i>	<i>L06I.002 Single Life - Flexible Premium</i>
<i>Product Name:</i>	<i>MVUL-SIR-2008</i>		
<i>Project Name/Number:</i>	<i>MVUL-SIR-2008/MVUL-SIR-2008</i>		

## Filing at a Glance

Company: Sun Life Assurance Company of Canada (U.S.)

Product Name: MVUL-SIR-2008	SERFF Tr Num: SUNL-125804230	State: ArkansasLH
TOI: L06I Individual Life - Variable	SERFF Status: Closed	State Tr Num: 40193
Sub-TOI: L06I.002 Single Life - Flexible Premium	Co Tr Num: MVUL-SIR-2008	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Authors: Margaret Carvalho, Fran Daly, Angela Ranaghan, Thomas Miele, Christopher McAuliffe, Pat Squillacioti, Joseph Cohen	Disposition Date: 09/15/2008
	Date Submitted: 09/08/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

## General Information

Project Name: MVUL-SIR-2008	Status of Filing in Domicile: Pending
Project Number: MVUL-SIR-2008	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Pending with our domiciliary state of Delaware.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 09/15/2008	
State Status Changed: 09/15/2008	Deemer Date:
Corresponding Filing Tracking Number: MVUL-SIR-2008	
Filing Description:	
Sun Life Assurance Company of Canada (U.S.)	
NAIC # 549-79065	
FEIN # 04-2461439	

*SERFF Tracking Number:*      *SUNL-125804230*      *State:*      *Arkansas*  
*Filing Company:*      *Sun Life Assurance Company of Canada (U.S.)*      *State Tracking Number:*      *40193*  
*Company Tracking Number:*      *MVUL-SIR-2008*  
*TOI:*      *L06I Individual Life - Variable*      *Sub-TOI:*      *L06I.002 Single Life - Flexible Premium*  
*Product Name:*      *MVUL-SIR-2008*  
*Project Name/Number:*      *MVUL-SIR-2008/MVUL-SIR-2008*

Re: MVUL-SIR-2008 - Supplemental Insurance Rider

Dear Sir or Madam:

We submit the above listed form for your review and approval. This form is new and does not replace any other forms previously approved by your Department. It is submitted in final printed form and is subject only to minor modifications in paper stock, ink, and adaptation to computer printing.

This form is intended to comply with all laws, rules, bulletins and published guidelines applicable to these forms. It has been filed and is pending with our domiciliary state of Delaware.

MVUL-SIR-2008 - Supplemental Insurance Rider

Form MVUL-SIR-2008 is an optional rider that provides an additional amount of life insurance coverage. The policyholder can also choose to schedule increase in the supplemental insurance amount. There is a monthly charge for this rider. This rider will be initially used with previously approved variable universal life policy form MVUL-2007.

The issue ages for this rider are the same as with the base policy which are 0-85 inclusive.

We will use previously approved application form UND 14/652 to offer this rider.

This form is regulated by the SEC and exempt from readability requirements.

The enclosed form includes brackets around the items that may vary. The bracketed items shown will currently print for this rider. The use of variability in the enclosed form will be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

Please do not hesitate to contact me if you have any questions regarding this submission. Thank you for your attention to this matter.

## Company and Contact

SERFF Tracking Number: SUNL-125804230 State: Arkansas

Filing Company: Sun Life Assurance Company of Canada (U.S.) State Tracking Number: 40193

Company Tracking Number: MVUL-SIR-2008

TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium

Product Name: MVUL-SIR-2008

Project Name/Number: MVUL-SIR-2008/MVUL-SIR-2008

### Filing Contact Information

Margaret Carvalho, Compliance Consultant margaret.carvalho@sunlife.com  
 One Sun Life Executive Park (781) 446-1811 [Phone]  
 Wellesley Hills, MA 02481 (781) 237-3327[FAX]

### Filing Company Information

Sun Life Assurance Company of Canada (U.S.) CoCode: 79065 State of Domicile: Delaware  
 One Sun Life Executive Park Group Code: 549 Company Type:  
 State Filings, SC2175  
 Wellesley Hills, MA 02481 Group Name: State ID Number:  
 (800) 432-1102 ext. [Phone] FEIN Number: 04-2461439  
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### Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation: 1 x 50.00 = 50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sun Life Assurance Company of Canada (U.S.)	\$50.00	09/08/2008	22340998

SERFF Tracking Number:	SUNL-125804230	State:	Arkansas
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/15/2008	09/15/2008

<i>SERFF Tracking Number:</i>	<i>SUNL-125804230</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>MVUL-SIR-2008/MVUL-SIR-2008</i>		

## **Disposition**

Disposition Date: 09/15/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	SUNL-125804230	State:	Arkansas
Filing Company:	Sun Life Assurance Company of Canada (U.S.)	State Tracking Number:	40193
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Supplemental Insurance Rider		Yes

SERFF Tracking Number: SUNL-125804230 State: Arkansas

Filing Company: Sun Life Assurance Company of Canada (U.S.) State Tracking Number: 40193

Company Tracking Number: MVUL-SIR-2008

TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium

Product Name: MVUL-SIR-2008

Project Name/Number: MVUL-SIR-2008/MVUL-SIR-2008

## Form Schedule

**Lead Form Number:** MVUL-SIR-2008

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	MVUL-SIR-2008	Certificate	Supplemental Insurance Rider	Initial		0	MVUL-SIR-2008 8-21-08.pdf
		t, Insert					
		Page,					
		Endorsement or Rider					

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## SUN LIFE ASSURANCE COMPANY OF CANADA (U.S.)

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### SUPPLEMENTAL INSURANCE RIDER

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**This rider is part of the Policy to which it attaches and is effective as of the Policy Date, unless another date is specified in Section 1 of the Policy. It is part of, and subject to, the other terms and conditions of the Policy. If the terms of this rider and the Policy conflict, this rider's provisions will control.**

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#### **Benefit**

This rider, while in force, will increase the death benefit payable on the death of the Insured as described below. The Supplemental Insurance Amount (SIA) for each Policy Year is specified in Section 1 of the Policy. The Death Benefit Options described in Section 8 of the Policy are deleted and replaced by the following:

**Option A – Specified Face Amount.** The death benefit is the greater of:

1. the Specified Face Amount plus the SIA; or
2. the Account Value multiplied by the applicable death benefit percentage shown in Section 1.

**Option B – Specified Face Amount plus Account Value.** The death benefit is the greater of:

1. the Specified Face Amount plus the SIA; plus the Account Value; or
2. the Account Value multiplied by the applicable death benefit percentage shown in Section 1.

**Option C – Specified Face Amount plus sum of Premiums paid.** The death benefit is the greater of:

1. the Specified Face Amount plus the SIA; plus the sum of Premiums paid; or
2. the Account Value multiplied by the applicable death benefit percentage shown in Section 1.

If a Waiver of Monthly Deductions rider is also attached to the Policy and is in force, then the monthly rider cost for the SIA will be waived whenever the monthly deductions for the Policy are waived.

#### **Monthly Rider Cost**

The monthly rider cost is equal to a) plus b) plus c) where:

- a) is the monthly rider cost of insurance;
- b) is the monthly rider expense charge; and
- c) is the additional charge for the concurrent attachment of any Waiver of Monthly Deductions Rider.

The monthly rider cost of insurance charge equals the monthly rider cost of insurance rate multiplied by the SIA (including any applicable scheduled increase amount); divided by 1000. The monthly rider cost of insurance rates will never exceed the guaranteed maximum monthly cost of insurance rates for the Policy as shown in Section 2 of the Policy. The monthly expense charge for the rider equals the monthly expense charge rate per 1000 multiplied by the SIA divided by 1000. The monthly expense charge rate per 1000 for this rider is shown in Section 1 of the Policy.



If the Waiver of Monthly Deductions rider is in force, the monthly rider cost for this rider will include an additional amount equal to the SIA as shown in Section 1 multiplied by the rate shown in the monthly rider cost section for the Waiver of Monthly Deductions rider.

#### **Scheduled Increases in SIA**

You may request to schedule automatic increases in the SIA. Scheduled increases are subject to Our underwriting rules in effect at the time of request for the increases in SIA and require satisfactory evidence of insurability. The amount of each scheduled increase and the dates upon which these increases will occur are shown in Section 1. These scheduled increases in SIA will continue until You request to discontinue the increases, You request a decrease in SIA, You request a change in the Death Benefit Option, or You request a decrease in Specified Face Amount. In such event, all remaining scheduled increases will be cancelled.

#### **Unscheduled Increases in SIA**

You may choose to increase the SIA once each Policy Year by written request to our Principal Office. Increases in the SIA require satisfactory evidence of insurability. The change will take effect on the Policy Anniversary on or next following the date We approve the request.

#### **No-Lapse Guarantee**

During the Rider No-Lapse Guarantee Period shown in Section 1, this rider will not terminate if the Policy satisfies the minimum premium test as described in the Policy. The Rider No-Lapse Guarantee Period is shown in Section 1 and begins on the Policy Date unless another date is specified in Section 1 of the Policy. The Minimum Monthly Premium shown in Section 1 applies to the Policy and this rider.

#### **Partial Withdrawal**

If You may make a Partial Withdrawal while this rider is in effect and this Policy's death benefit option is A or C, then the amount of the Partial Withdrawal will decrease the SIA (including any applicable scheduled increase amount) and Specified Face Amount. This decrease will be applied in the following order:

1. first, to the SIA;
2. second, to the initial Specified Face Amount, subject to the minimum face amount of \$100,000;
3. third, to the next oldest increases in Specified Face Amount, in chronological order; and
4. finally, to the most recent increase in Specified Face Amount.

#### **Incontestability**

The Incontestability provision of the Policy applies to this rider. If the Insured, whether sane or insane, commits suicide within two years after the effective date of an increase in the SIA, then Our liability as to that increase will be the rider cost for that increase.

#### **Termination**

This rider will terminate at the earliest of the following dates:

- a. The receipt of your written request for termination;
- b. The Account Value less any Policy Debt is equal to or less than zero after the Rider No-Lapse Guarantee Period ends.
- c. The termination of the Policy;
- d. The Policy Anniversary on which the Insured is Attained Age 121.



[Robert C. Salipante], [President]

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## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SUNL-125804230 State: Arkansas  
Filing Company: Sun Life Assurance Company of Canada (U.S.) State Tracking Number: 40193  
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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 09/04/2008  
**Comments:**  
**Attachment:**  
AR Cert Rule-Reg 19.pdf

### Review Status:

**Satisfied -Name:** Application 09/04/2008  
**Comments:**  
Application Form UND-14/652 Approved - 8/28/07  
**Attachment:**  
UND 14-652 M-Group Part I Generic.pdf

**STATE OF ARKANSAS**  
**CERTIFICATION OF COMPLIANCE**

**Company Name:** Sun Life Assurance Company of Canada (U.S.)

**Form(s):** MVUL-SIR-2008

I hereby certify that the guidelines of Rule & Regulation 19 have been reviewed and that the above-captioned form(s) is/are in compliance with such guidelines.

A handwritten signature in black ink, reading "Thomas Miele". The signature is fluid and cursive, with a long horizontal stroke at the beginning.

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Thomas Miele  
Assistant Vice President

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September 8, 2008  
Date

# Sun Life Assurance Company of Canada Sun Life Assurance Company of Canada (U.S.)

(Hereinafter referred to as "the Company")

One Sun Life Executive Park, Wellesley Hills, MA 02481



## Part I of Application for Sun Prime Series Life Insurance

### Section A: Insured First Insured

1a. Ms. ___ Mr. ___ Dr. ___ Miss ___ Mrs. ___		1b. Name (first, middle initial, last)		1c. Male ___ Female ___		1d. Birth Date (m/d/y)	
1e. Birthplace (country/state)		1f. Social Security/Tax ID Number		1g. Home Phone Number		1h. Work Phone Number	
1i. Address (street, city, state, zip code, country) (If mailing address differs, provide in Section K.)							
1j. Permanent U.S. Resident Yes ___ No ___		1k. Years in U.S.	1l. U.S. Citizen Yes ___ No ___	1m. If No: Valid Green Card or Visa Number		1n. Driver's License State of Issue	
1o. Driver's License Number		1p. Occupation, Employer Name and Address					

### Second Insured

2a. Ms. ___ Mr. ___ Dr. ___ Miss ___ Mrs. ___		2b. Name (first, middle initial, last)		2c. Male ___ Female ___		2d. Birth Date (m/d/y)	
2e. Birthplace (country/state)		2f. Social Security/Tax ID Number		2g. Home Phone Number		2h. Work Phone Number	
2i. Address (street, city, state, zip code, country) (If mailing address differs, provide in Section K.)							
2j. Permanent U.S. Resident Yes ___ No ___		2k. Years in U.S.	2l. U.S. Citizen Yes ___ No ___	2m. If No: Valid Green Card or Visa Number		2n. Driver's License State of Issue	
2o. Driver's License Number		2p. Occupation, Employer Name and Address					

### Section B: Owner

If the Owner is the same as the Insured, specify: First Insured \_\_\_ Second Insured \_\_\_ Both \_\_\_ and **ONLY complete question 1g- Email Address.** Specify: Company \_\_\_ Individual \_\_\_ Trust \_\_\_

1a. Owner Name			1b. Relationship to Insured				
1c. Social Security/Tax ID Number		1d. Birth/Trust Date (m/d/y)		1e. Permanent U.S. Resident: Yes ___ No ___		1f. U.S. Citizen: Yes ___ No ___	
1g. Email Address			1h. Phone Number				
1i. Name(s) Authorized Company Representative(s)/Trustee(s)						1j. State Trust Established	
1k. Address (street, city, state, zip code, country)							
1l. Contingent Owner: Name, Relationship to Insured							

**Section C: Coverage****Universal Life (UL)**

<b>1a. [Sun Prime Protector Universal Life]</b> ____ [ _____ ]	<b>2a. [Sun Prime Survivorship Universal Life]</b> ____ [ _____ ]
<b>1b. Face Amount</b> \$ _____	<b>2b. Face Amount</b> \$ _____
<b>1c. Supplemental Benefits/Riders:</b> __Accidental Death Benefit Rider (face amount) \$ _____ __Exchange of Insured Rider __Waiver of Monthly Deductions Rider __Charitable Giving Benefit Rider** __Payment of Stipulated Premium Amount Rider (stipulated amount) \$ _____ __Enhanced Surrender Value Rider __Supplemental Insurance Rider (face amount) \$ _____ [ _____ ]	<b>2c. Supplemental Benefits/Riders:</b> __Estate Preservation Rider __Policy Split Option __Charitable Giving Benefit Rider** __Supplemental Insurance Rider (face amount) \$ _____ [ _____ ]
<b>1d. Death Benefit Options – Select One:</b> __Option A – Face Amount (Level) __Option B – Face Amount plus Account Value [ _____ ]	<b>2d. Death Benefit Options – Select One:</b> __Option A – Face Amount (Level) __Option B – Face Amount plus Account Value [ _____ ]

**Variable Universal Life (VUL)**

<b>3a. [Prime VUL]</b> ____ [ _____ ] <b>3b. Face Amount</b> (excluding Supplemental Benefits) \$ _____ <b>3c. Supplemental Benefits/Riders:</b> __Charitable Giving Benefit Rider** __Payment of Stipulated Premium Amount Rider (stipulated amount) \$ _____ __Waiver of Monthly Deductions Rider __Supplemental Insurance Rider (face amount) \$ _____ __Accelerated Benefits Rider __Enhanced Cash Surrender Value Rider __Long Term Accumulation Rider __Loan Lapse Protection Rider [ _____ ] <b>3d. Death Benefit Options – Select One:</b> __Option A – Face Amount (Level) __Option B – Face Amount plus Account Value [__Option C – Specified Face Amount plus Premiums] [ _____ ]
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**\*\*Charitable Giving Benefit Rider – Complete if selected above:**

<b>4a.</b> Name of Accredited Organization	<b>4b.</b> 501(c) Tax ID Number
<b>4c.</b> Address	<b>4d. After you receive confirmation of the charitable organization, choose one:</b> I/We will notify the charity of my/our intent ____OR Permit the Company to notify the charity of my/our intent upon my/our death ____

## Section D: Premium Plan and Fund Information

Ensure the information matches the illustration.

1a. Planned Periodic Premium Amount
1b. Frequency <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Monthly (pre-authorized checking) <input type="checkbox"/> List Bill (If existing list bill, provide number: _____)
1c. Will the premium for this policy be financed through single or multiple loan(s) from a private or public lender now or in the future?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete the Life Insurance Source of Premium Eligibility Questionnaire.
1d. Definition of Life Insurance Test to be Used <input type="checkbox"/> Guideline Premium Test <input type="checkbox"/> Cash Value Accumulation Test

## Section E: Beneficiary

1a. Primary Name	1b. Relationship	1c. %
2a. Primary Name	2b. Relationship	2c. %
3a. Primary Name	3b. Relationship	3c. %
4a. Contingent Name	4b. Relationship	4c. %
5a. Contingent Name	5b. Relationship	5c. %

**Note:** Unless otherwise specified: The surviving beneficiaries within a class (primary or contingent) will share equally.

## Section F: Payor

1. If payor is Insured or Owner check here ☐ and move to section G.
2. If payor is other than the Insured or Owner, indicate type ☐ Company ☐ Individual ☐ Trust and complete questions 2a – 2d. ☐

2a. Name	2b. Social Security/Tax ID Number
2c. Mailing Address (street, city, state, zip code, country)	
2d. Name(s) of Authorized Representative(s) (only if a Company is the Payor) or Trustee(s) if a Trust is the Payor.	

## Section G: Other Insurance/Replacement Information

1. Does the Applicant/Owner(s) have any existing individual life insurance policy or annuity contract, including those under a binding or conditional receipt or those within an unconditional refund period? \_\_\_ Yes \_\_\_ No

2. Will any existing life insurance policy or annuity contract be lapsed, forfeited, surrendered, partially surrendered, assigned, reduced in value or used as a source of premium for the coverage for which application is being made? \_\_\_ Yes \_\_\_ No

If the answer to No. 1 is "yes", provide the applicable state form(s). If the answer to No. 2 is "yes", provide the applicable state form(s) and provide the information requested in the following table.

Insurance Company	Insured or Annuitant	Policy or Contract Number

3. If a replacement is involved, is it intended as an IRC Section 1035 exchange? \_\_\_ Yes \_\_\_ No  
If yes, provide the necessary forms.

4. For each Proposed Insured, provide details below for all insurance in-force and/or pending, on either a formal or an informal basis, with the Company and any other companies. Include those policies or applications owned personally or by a third party, including but not restricted to individuals(s), business, charity, life settlement or viatical company. **If none, Individual or First Insured initial here \_\_\_\_\_, Second Insured initial here \_\_\_\_\_.**

Proposed Insured	Insurance Company	Business/ Personal/ Settlement	Issue Year/Pending	Formal/ Informal	Total Face Amount	Policy Number
a.						
b.						
c.						
d.						
e.						

5. For each Proposed Insured, state the ultimate amount of life insurance coverage that will be in place on each life (excluding group life or corporate owned life insurance) with the issue of this policy and any other pending application with another company.

Individual or First Insured \$\_\_\_\_\_ Second Insured \$\_\_\_\_\_

6. Is the policy applied for through this application being purchased for the purpose of being assigned or sold to a third party or will it replace a policy whose ownership has been assigned or sold to a third party? \_\_\_ Yes \_\_\_ No  
If yes, complete Part 2 of the Life Insurance Source of Premium Eligibility Questionnaire.

7. If a policy applied for through this application is issued by the Company, will the policy within the next three years be used for any purpose other than the purpose indicated in Section H (Finances/Plan Use) of this application? \_\_\_ Yes \_\_\_ No  
If yes, provide details:

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8. Has an Application for insurance on the life/lives of the Proposed Insured(s) been declined or offered on a basis other than applied? \_\_\_ Yes \_\_\_ No  
If yes, provide details: \_\_\_\_\_



## Section H: Finances/Plan Use

1. Total Household Income \$	2. Total Household Net Worth \$
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3. The coverage will be used primarily for:  
☐ Income Replacement ☐ Split Dollar ☐ Business Continuity ☐ Supplemental Retirement Income  
☐ Deferred Compensation Plan ☐ Estate Plan ☐ Key Person ☐ Charitable Gift ☐ Bonus Plan  
☐ Premium Financing ☐ Other \_\_\_\_\_

### VUL Suitability:

4. Has it been explained to you that the values and benefits provided by the coverage are based on the investment experience of a separate account and may increase or decrease depending upon the investment experience?..... ☐ Yes ☐ No  
 5. Is the coverage, as applied for, in accordance with the insurance and financial objectives you have expressed? ..... ☐ Yes ☐ No

## Section I: Proposed Insured(s) Lifestyle Information

	Insured 1	Insured 2
1. Have you used tobacco, (cigarettes, cigars, chewing tobacco, etc.) or products containing nicotine (nicorette gum, nicotine patch, etc.) within the past 12 months? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you used tobacco or nicotine products in the past and stopped? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, date stopped: _____		
3. Do you plan to travel or reside outside of the U.S. and Canada in the next two years? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, submit the required Foreign Travel/Residence/Citizenship Questionnaire.		
4. Do you hold an active pilot's license? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you flown as a pilot or co-pilot in any type of aircraft, within the past two years? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, submit the required Aviation Questionnaire.		
6. Have you participated in scuba diving, parachuting, hang gliding, motorized racing or any hazardous sport? If yes, indicate the sport: _____ ..	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. While operating a motor vehicle, boat or aircraft, in the last five years, have you:		
a. Been charged with any moving violations? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Had an operator's license restricted, suspended or revoked? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Been charged with operating under the influence of alcohol or drugs? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details: _____		

## Section J: Proposed Insured(s) Medical Contact Information

First Proposed Insured		Second Proposed Insured	
1a. Name, Phone Number and Address of Primary Physician/Health Care Provider		2a. Name, Phone Number and Address of Primary Physician/Health Care Provider	
1b. Reason for Last Visit	1c. Date (m/d/y)	2b. Reason for Last Visit	2c. Date (m/d/y)
1d. Name, Phone Number and Address of Medical Specialist Last Seen		2d. Name, Phone Number and Address of Medical Specialist Last Seen	
1e. Reason for Last Visit and Results	1f. Date (m/d/y)	2e. Reason for Last Visit	2f. Date (m/d/y)

**If the application is being submitted on a non-medical basis, complete a separate Part II of Application for Life insurance.**

## Section K: Additional Information/Special Requests

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## Section L: Signature Section

### Declarations

I/We understand and agree that:

1. The information provided in this Application (Part I and Part II Medical, if required) is the basis for and becomes part of the insurance contract issued as a result of this Application.
2. No broker/registered representative or medical examiner has the authority to make or modify the Company's guidelines, to decide whether anyone proposed for insurance is an acceptable risk or to waive any of the Company's rights or requirements.
3. In accepting coverage, I/we also accept any corrections and amendments made by the Company. No change in plan, amount, benefits, age at issue or classification can be made without my/our written consent. However, the Company may change non-guaranteed elements of the coverage at its sole discretion.
4. Except as provided in a Temporary Life Insurance Agreement having the same date as the Application, no insurance requested in this Application will be effective (a) until coverage is issued during the lifetime of the Proposed Insured(s); and (b) until the Company has received the first full premium due on any coverage that is not Variable Universal Life or the initial premium due on any Variable Universal Life coverage requested; and (c) **the statements made in this Application are still complete and true as of the date the coverage is delivered.**
5. Sales illustrations are used to assist in understanding how the coverage could perform over time, under a number of assumptions. I/we acknowledge that rates of return or credited interest rates assumed in sales illustrations are hypothetical only and are not estimates or guarantees. The actual performance of any such coverage, including account values, cash surrender values, death benefit and duration of coverage, will be different from what may be illustrated because the hypothetical assumptions used in an illustration may not be indicative of actual future performance. I/we also understand that any sales illustration used is not a contract and will not become part of any coverage issued by the Company.
6. In connection herewith, it is expressly acknowledged that the insurance, as applied for, is suitable for the insurance needs and financial objectives of the undersigned.

I/we declare that the statements and answers in this Application are complete and true to the best of my/our knowledge and believe that they are correctly recorded.

I/we understand that any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties.

For Variable Universal Life applications, I/we also hereby understand and agree that values and benefits provided by the life insurance coverage applied for are based on the investment experience of a separate account and are not guaranteed, such that:

- **The death benefit amount may increase or decrease to reflect the investment experience of the various sub-accounts.**
- **The duration of coverage may increase or decrease due to the investment experience of the variable sub-accounts.**
- **The account value and cash surrender value may increase or decrease to reflect the investment experience of the variable sub-accounts.**
- **With respect to the variable sub-accounts, there is no guaranteed minimum coverage value nor are any coverage values guaranteed as to dollar amount.**

The owner acknowledges receipt of a current prospectus from the Company for the variable universal life insurance.

I/we understand all the policy features, including the financial impact of the Supplemental Insurance Rider as it was explained to me by the Broker/Registered Representative listed below.

**Customer Identification Notice:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who makes an application. This means we will ask you for your name, address, date of birth and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

I acknowledge receipt of the Customer Identification Notice. I understand that the identity information being provided by me is required by Federal law to be collected in order to verify my identity and I authorize its use for this purpose.

**Authorization**

I/we, hereby authorize any: (a) physician, health care provider, health plan, medical professional, hospital, clinic, laboratory, pharmacy or other medical or health care facility, that has provided payment, treatment or services to me or on my behalf; (b) insurance company; (c) state department of motor vehicles; (d) consumer reporting agency; or the Medical Information Bureau, Inc., to disclose or furnish to the Underwriting Department of the Company, their subsidiaries, affiliates, third party administrators and reinsurers, any and all non-health information relating to me.

I/we understand that the Company will use the information it obtains to: (a) underwrite my Application for coverage, (b) make eligibility, risk rating, coverage issuance and enrollment determinations; (c) obtain reinsurance; (d) administer claims and determine or fulfill responsibility for coverage and provision of benefits; (e) administer coverage; and/or (f) conduct other legally permissible activities that relate to any coverage I/we have or have applied for with the Company.

I/we hereby authorize the Company to disclose any information it obtains about me to the Medical Information Bureau, Inc., or any other life insurance company with which I/we do business. I/we understand that the Company will not disclose information it obtains about me except as authorized by this Authorization; as may be required or permitted by law; or as I/we may further authorize. I/we understand that if information is redisclosed as permitted by this Authorization, it may no longer be protected by applicable federal privacy law.

This Authorization shall apply to information relating to my dependents if they are to be insured under the life insurance coverage applied for.

I/we understand that: (a) this Authorization shall be valid for 24 months from the date I sign it; (b) I/we may revoke it at any time by providing written notice to the Underwriting Department of the Company at the address shown on page 1 of this form, subject to the rights of any person who acted in reliance on it prior to receiving notice of its revocation; and (c) my authorized representative and I/we are entitled to receive a copy of the Authorization upon request. A copy of this Authorization shall be as valid as the original.

Signature of Proposed Insured (not required if under age 15)	Signature of 2nd Proposed Insured (not required if under age 15)
Signature of Personal Representative of Proposed Insured	Signature of Personal Representative of Proposed Insured
Relationship to Proposed Insured	Relationship to Proposed Insured
Signature of Owner (if other than Proposed Insured)	Signature of Owner (if other than Proposed Insured)
Signature of Co-Owner	Signature of Co-Owner
Signature of Broker/Registered Representative	

Signed by Owner at:

City/State	Date (m/d/y)
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## Section M: Broker's/Registered Representative's Report Page

- |  | Life One       | Life Two       |
|--|----------------|----------------|
| 1. If the Application was taken on a non-medical basis, were answers from the Proposed Insured(s) obtained personally and in your presence? .....  | ___ Yes ___ No | ___ Yes ___ No |
| 2. Does the Proposed Insured(s) appear to be in good health? .....   | ___ Yes ___ No | ___ Yes ___ No |
| 3. Are you aware of anything about the lifestyle, habits or driving record of the Proposed Insured(s) that would have an adverse effect on insurability? .....   | ___ Yes ___ No | ___ Yes ___ No |
| If yes, provide details: _____   |                |                |
| 4. Do you have any knowledge as to whether a formal or informal application for life insurance on the Proposed Insured has been submitted to another insurer or reviewed by one or more reinsurance companies on a facultative basis? .....                      | ___ Yes ___ No | ___ Yes ___ No |
| If yes, provide details: _____   |                |                |
| 5. Previous address of Proposed Insured(s) if moved within the last two years: _____   |                |                |
| 6. Does the Applicant/Owner(s) have any existing individual life insurance policy or annuity contract, including those under a binding or conditional receipt or those within an unconditional refund period? ___ Yes ___ No                                     |                |                |
| If "yes", provide the applicable state form(s).  |                |                |
| 7. Will any existing life insurance policy or annuity contract be lapsed, forfeited, surrendered, partially surrendered, assigned, reduced in value or used as a source of premium for the coverage for which application is being made? ___ Yes ___ No          |                |                |
| If "yes", provide details and applicable state form(s).  |                |                |
| 8. Based on your reasonable inquiry about the Owner's financial situation, insurance objectives and needs, do you believe that the coverage as applied for is suitable for the insurance needs and anticipated financial objectives of the Owner? ___ Yes ___ No |                |                |
| 9. Proposed Insured's Marital Status: Life One _____ Life Two _____  |                |                |
| 10. Proposed Insured's Annual Household Income: Life One _____ Life Two _____  |                |                |

### CERTIFICATION:

I, \_\_\_\_\_ certify:

Print Registered Representative's Name

1. (a) that the questions contained in this Application were asked of the Proposed Insured(s) and Owner and correctly recorded; (b) that this Application, report and any accompanying information are complete and true to the best of my knowledge and belief; (c) that I have given the Proposed Insured(s) the Privacy Information Notices including Medical Information Bureau, Inc. (MIB, Inc.), Fair Credit Reporting Act, and Consumer Report Notices; and (d) that the provisions of the Temporary Life Insurance Agreement, including limitations and exclusions, have been explained to the Owner.
2. For Variable Universal Life applications: (a) that I have reviewed with the Owner all the policy features and have given a current prospectus for the plan of insurance indicated in Section C of this Application, and (b) that information regarding the policy applied for and the Owner's financial situation, insurance objectives and needs has been submitted to my Broker/Dealer for suitability review.
3. That evidence as to the identities of the Owner(s) has been obtained and recorded.
4. That the source of funds for purchase of the insurance has been obtained and recorded.

### Anti-Money Laundering Customer Identity Information

I have reviewed the Owner's identity document presented and recorded the following information from it:

Applicant's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
ID Document (Individual) \_\_\_\_\_  
(e.g., Driver's License)  
ID Document (Corporation or other non-natural person) \_\_\_\_\_  
(e.g., a government issued document showing the existence of the entity, e.g., a certificate of good standing or equivalent)  
ID Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Anti-Money Laundering Training**

I have received relevant anti-money laundering training within the last 12 months, given by the Company, another insurance company or other financial institution, or offered through a national association (e.g., NAIFA, NAILBA) or competent third party (e.g., LIMRA). I also hereby acknowledge my obligations, including compliance with the Company's Anti-Money Laundering Program, as described in the Company's Market Conduct Guide for Individual Life and Annuity Producers.

Date (m/d/y)	State Insurance License Number	Signature(s) of Broker(s)/Registered Representative(s)
		X
		X
		X